



TENNESSEE EMS EDUCATION ASSOCIATION
Associate Membership Application

Date: _____

New member _____ Renewal _____

_____ EMT Student _____ EMT License #: _____

_____ Paramedic Student _____ Paramedic License #: _____

Name of School / Program: *(If Student)* _____

Name: _____
Last First MI

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Region: _____

Do not write below this line.

ID number assigned: _____ Date: _____ Check #: _____

Please enclose \$ 25.00 check or Money Order made Payable to TEMSEA and Mail to:

TEMSEA
c/o: Gina Pearson
4030 Burrow Lane
Milan, TN 38358